

**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS**

**LOAN PROGRAM APPLICATION  
FOR  
FINANCIAL ASSISTANCE**

**Application Date** \_\_\_\_\_ **Loan Amount Requested \$** \_\_\_\_\_

This information is necessary to process a request for NJDOT financial assistance. Fill in all the blanks, using "NONE" or "NOT APPLICABLE" where necessary. If more space is needed to answer any specific question, attach a separate sheet. Submit one signed original plus two copies of this application and one copy of the financial materials to the New Jersey Department of Transportation, Division of Aeronautics, ATTN: Grants Manager P.O.Box 610, Trenton, NJ 08625-0610 with a check for the \$600.00 non-refundable application fee, made payable to the New Jersey Department of Transportation

APPLICANT INFORMATION (proposed owner of the project)

**General Information**

Name of Applicant (official, legal name without abbreviations)

\_\_\_\_\_

Name of Contact Person (officer/owner of the applicant)

\_\_\_\_\_

Street Address Mailing Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's EIN NO. / Vendor ID Number (9 Digits) \_ \_ \_ \_ \_

Employer's I.D. No. \_\_\_\_\_ Vendor I.D. No. \_\_\_\_\_

Trade Name, Type of Business, Website Address (if applicable)

\_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Telefax Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Check one Applicant's Business Organization:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

LLC \_\_\_\_\_ Other (describe): \_\_\_\_\_

Year company formed: \_\_\_\_\_

If incorporated, what year? \_\_\_\_\_ in what state chartered? \_\_\_\_\_

Is the applicant a subsidiary or direct or indirect affiliate of any other organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate name and address, and employer identification number of related organization and relationship.  
(Use separate page if needed.) \_\_\_\_\_

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List 100% ownership including all officers, directors and partners of the applicant.

Name (list first, middle & last Home Address	Birth Date	Social Security Number	Office Held	Percent Ownership

Have any of the persons or entities listed in items above:

1. been, or is now, disbarred, suspended or disqualified from contracting with any federal, state or municipal  
\_\_\_\_\_ yes \_\_\_\_\_ no

2. been, or is now, in receivership or adjudicated bankrupt?  
\_\_\_\_\_ yes \_\_\_\_\_ no

3. been, or is now, in default on a personal or business loan?

\_\_\_\_\_ yes \_\_\_\_\_ no

If the answer is yes to any question in above, furnish details on a separate page. Be sure to answer the questions correctly, they are important. The fact that you have an arrest or conviction record will not necessarily disqualify your application, but a deliberate incorrect answer will probably cause your application to be turned down. Any information you wish to submit that may expedite this investigation should be set forth.

Name, address and telephone number and fax number of counsel to applicant:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number fax number of accountant to applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number fax number of Project Manager to applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal, State and Municipal Tax Payments.

For the applicant, affiliated entities, and each owner of the applicant:

1. Are federal/state employee withholding tax payments current?

\_\_\_\_\_Yes\_\_\_\_\_ no If not, please explain and attach separate sheet if needed and include as Exhibit A.

2. Are sales and other business tax payments current?

\_\_\_\_\_Yes\_\_\_\_\_ no If no, please explain and attach separate sheet if needed and include as Exhibit B.

3. Are corporate/personal federal and state income tax payments current?  
\_\_\_\_\_Yes \_\_\_\_\_no If no, please explain and attach separate sheet if  
needed and include as Exhibit C.
4. Are municipal property tax payments current at the project site?  
\_\_\_\_\_Yes \_\_\_\_\_no If no, please explain and attach separate sheet if  
needed and include as Exhibit D.

## PROJECT INFORMATION

Location of Proposed Project \_\_\_\_\_

Street Address \_\_\_\_\_

County \_\_\_\_\_ Municipality \_\_\_\_\_

Block(s) \_\_\_\_\_ Lots No; \_\_\_\_\_

**Project Description**; Please provide a complete narrative description of the project.

Attach separate sheet if needed.

## PROJECT COSTS

Description of Costs and Amounts

Total Project Cost\_\_\_\_\_

Attach separate sheet if needed.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

1. I affirm, represent, and warrant that the applicant that the information contained in this application and in all attachments submitted herewith is to the best of my knowledge true and complete and that the loan applied for herein is not for personal, family, or household purposes.
2. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJDOT/NJEDA which may at its option terminate its financial assistance.
3. I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJDOT/NJEDA.
4. I authorize the NJDOT/NJEDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.

SIGNATURE: \_\_\_\_\_  
(Applicant)

NAME (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Be it remembered on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the subscriber, personally appeared

\_\_\_\_\_, who, I am satisfied, is the person named in and who executed the within instrument, and thereupon, he acknowledged that he signed, sealed, and delivered the same as his act and deed for the purpose therein expressed.

Signature: \_\_\_\_\_  
(Applicant)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Notary Public of New Jersey

My Commission Expires: \_\_\_\_\_